

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below.

IPEA/ AT

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty;

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

AUSTRIAN PATENT OFFICE Identification of IPEA		28 February 2000 (28.02.00) Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference PA/KIST99346	
International application No PCT/KR99/00414	International filing date (day/month/year) 30 July 1999 (30.07.99)	(Earliest) Priority date (day/month/year) 31 July 1998 (31.07.98)	
Title of invention LIPID EMULSION AND SOLID LIPID NANOPARTICLE AS A GENE OR DRUG CARRIER			
Box No. II APPLICANT(S)			
Name and address (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)  KOREA INSTITUTE OF SCIENCE AND TECHNOLOGY  39-1, Hawolgok-Dong, Sungbook-Ku, Seoul 136-791 Republic of Korea		Telephone No.:  (02) 958-6052  Facsimile No.:  (02) 958-6029  Teleprinter No.:	
State (that is, country) of nationality:  KR		State (that is, country) of residence:  KR	
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)  JEONG Seo Young  5, Munchonmaeul Life Apt. 205-501, Juyeop 2-Dong, Ilsan-Ku, Koyang, Kyungki-Do 411-372 Republic of Korea			
State (that is, country) of nationality:  KR		State (that is, country) of residence:  KR	
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)  KWON Ick Chan  274, Shiyong Apt. 706-704, Hakye-Dong, Nowon-Ku, Seoul 130-230 Republic of Korea			
State (that is, country) of nationality:  KR		State (that is, country) of residence:  KR	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Sheet No 2.

International application No.  
PCT/KR99/00414

Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHUNG Hesson

Jukong Apt. 201-1005, Mansoo-Dong,  
Namdong-Ku, Incheon 405-240  
Republic of Korea

State (that is, country) of nationality:

KR

State (that is, country) of residence:

KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on another continuation sheet.



## Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination.

- |  |    |        |
|--|----|--------|
| 1. translation of international application                              | 10 | sheets |
| 2. amendments under Article 34   | 10 | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 |    | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  |    | sheets |
| 5. letter  | 2  | sheets |
| 6. other (specify)   |    | sheets |

## For International Preliminary Examining Authority use only

received	not received
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- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
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| <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            |

The demand is also accompanied by the item(s) marked below:

- |   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet  | 4. <input type="checkbox"/> statement explaining lack of signature                                  |
| 2. <input type="checkbox"/> separate signed power of attorney                                       | 5. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form |
| 3. <input checked="" type="checkbox"/> copy of general power of attorney, reference number, if any: | 6. <input type="checkbox"/> other (specify):  |

## Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

PARK Jang Won



## For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND: 28 February 2000 (28.02.00)

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

## For International Bureau use only

Demand received from IPEA on:

# PCT

## CHAPTER II

### FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">International application No. <b>PCT/KR99/00414</b></td> </tr> <tr> <td style="padding: 2px;">Applicant's or agent's file reference <b>PA/KIST99346</b></td> </tr> </table>	International application No. <b>PCT/KR99/00414</b>	Applicant's or agent's file reference <b>PA/KIST99346</b>	<div style="border: 1px solid black; padding: 5px; height: 100px;"> <p style="margin: 0;">For International Preliminary Examining Authority use only</p> <p style="margin: 0;">Date stamp of the IPEA</p> </div>										
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Applicant's or agent's file reference <b>PA/KIST99346</b>													
<p><b>Applicant</b></p> <p><b>KOREA INSTITUTE OF SCIENCE AND TECHNOLOGY et al.</b></p>													
<p><b>Calculation of prescribed fees</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. Preliminary examination fee .....</td> <td style="width: 20%; border: 1px solid black; text-align: center;">ATS2,200</td> <td style="width: 20%; border: 1px solid black; text-align: center;">P</td> </tr> <tr> <td>2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i> .....</td> <td style="border: 1px solid black; text-align: center;">ATS2,022.76</td> <td style="border: 1px solid black; text-align: center;">H</td> </tr> <tr> <td>3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....</td> <td style="border: 1px solid black; text-align: center;">ATS4,222.76</td> <td></td> </tr> <tr> <td></td> <td style="border: 1px solid black; text-align: center;">TOTAL</td> <td></td> </tr> </table>		1. Preliminary examination fee .....	ATS2,200	P	2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i> .....	ATS2,022.76	H	3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	ATS4,222.76			TOTAL	
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	TOTAL												
<p><b>Mode of Payment</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</td> <td><input checked="" type="checkbox"/> cash</td> </tr> <tr> <td><input type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>		<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):				
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<p><b>Deposit Account Authorization</b> <i>(this mode of payment may not be available at all IPEAs)</i></p> <p>The IPEA <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.</p> <p><input type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.</p>													
<p>Deposit Account Number _____</p>	<p>Date (day/month/year) _____</p>												
<p>Signature _____</p>													